

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	WRIST ARTICULATION PROSTHESIS AND SET OF ELEMENTS ALLOWING BUILDING OF THIS PROSTHESIS
Attorney Docket Number::	0573-1009
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: CHRISTIAN  
Middle Name::  
Family Name:: SARTORIUS  
City of Residence:: MEYLAN  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 29 AVENUE DES MURIERS

City of Mailing Address:: MEYLAN  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-38240

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: ADIL  
Middle Name::  
Family Name:: TRABELSI  
City of Residence:: VILLENEUVE LEZ AVIGNON  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: CHEMIN DE SAFRUS

City of Mailing Address:: VILLENEUVE LEZ AVIGNON  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-30400

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: JEAN-JACQUES  
Middle Name::  
Family Name:: MARTIN  
City of Residence:: BOURG EN BRESSE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 13 BOULEVARD VICTOR HUGO

City of Mailing Address:: BOURG EN BRESSE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-01000

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::